

# COUNTY MEDICAL SERVICES PROGRAM

## NOTICE OF ACTION

### UTILIZATION OF BUSINESS PROPERTY

(COUNTY STAMP)

Case number: \_\_\_\_\_

District: \_\_\_\_\_

You own equipment, inventories, licenses, and/or materials which you use in a business or as a means of self-support. In order for this property to be exempt in determining your CMSP eligibility, you must earn a reasonable rate of return from the property.

- ☐ Your business or means of self-support has been in existence for more than a year. You must earn income equal to 6 percent of the net market value of the property.

Market value: \$ \_\_\_\_\_

Encumbrances: — \$ \_\_\_\_\_

Net market value of property: \$ \_\_\_\_\_

Six percent: X \_\_\_\_\_ .06

Net income you must earn each year: \$ \_\_\_\_\_ ÷ 12 = \$ \_\_\_\_\_ per month

- ☐ Your property is currently earning income equal to this amount. It must continue to do so for your property to remain exempt.
- ☐ Your property is **not** currently earning income equal to this amount.
- ☐ You have not provided a plan which adequately shows that your property will be earning this amount within six months; therefore, this property is not exempt.
- ☐ You have provided a plan which adequately shows that your property will be earning this amount within six months. In order for your property to continue to be exempt, you must be earning this amount by \_\_\_\_\_.
- ☐ You have resumed operation of this business after a period of illness or convalescence. Your property must be earning this amount by \_\_\_\_\_.
- ☐ Your business or means of self-support has been in existence for less than one year. After the end of the first year of operation you must be earning income equal to 6 percent of the net market value in order for the property to continue to be exempt.
- ☐ You own property which has provided you with income in the past but your business or means of self-support is not currently in operation because:
- ☐ This property is currently exempt.
- ☐ This property will be counted in determining your CMSP eligibility because:
- ☐ Your business or means of self-support will not be resumed within one year of the date operation ceased.
- ☐ The termination of your business or means of self-support was not for a reason beyond your control.

Report any increase or decrease, other than normal fluctuation, in the income from your business or means of self-support. Also report any changes in your business property holdings.

\_\_\_\_\_  
Eligibility Worker\_\_\_\_\_  
Telephone\_\_\_\_\_  
Date

**APPLICANT COPY**  
**CASE COPY**